

Massachusetts State Police Academy  
Professional Development Registration Request

<b>COURSE INFORMATION</b>			
<b>Course Title:</b>		<b>Course Date(s):</b>	
<b>STUDENT INFORMATION</b>			
<b>Last Name :</b>		<b>First Name:</b>	
<b>MI:</b>			
<b>Rank :</b>	<b>ID Number:</b>	<b>DOB:</b>	
<b>Department/Agency:</b>			
<b>Mailing Address:</b>			
<b>City/State/Zip :</b>			
<b>Telephone:</b>		<b>FAX:</b>	
<b>E-mail address:</b>			
<b>Are overnight accommodations needed?</b>		<b>YES</b>	<b>NO</b>
<b>ACKNOWLEDGMENT</b>			
<p style="text-align: center;">(check here)</p> <p><b>I hereby acknowledge that I have read the rules and regulations for attending professional development classes at the Massachusetts State Police Academy. I understand that any infractions may result in my dismissal from this training session, notification to my department and prohibit me from attending future training sessions.</b></p>			
<b>AUTHORIZATION</b>			
<p style="text-align: center;">(check here)</p> <p><b>I hereby acknowledge that my supervisor has authorized this training.</b></p>			
<b>Name of Authorizing Official:</b>		<b>Title:</b>	
<b>E-Mail address of Supervisor:</b>			
<b>Telephone#:</b>			

**Telephone ahead** for available openings before sending Registration.  
 Call Trooper Phillip McDougall at (508) 867-1059  
 Fax Registration Request to: Professional Development Coordinator  
 FAX: (508) 867-1100